

North Gwinnett Dental Care Membership Plan

We are pleased to offer a dental wellness care plan for patients that are not fortunate enough to have dental insurance through their employer. We have noticed that patients without dental insurance come in less frequently. This usually means when they do come in for a visit, we tend to find bigger problems that are more difficult to manage than if we had been able to catch them sooner. To alleviate this problem we have instituted a Dental Membership Plan that is valid ONLY at North Gwinnett Dental Care. We are proud to offer this plan – which is a dental savings plan for both new and existing patients in our practice. Knowing that traditional dental insurance premiums are expensive, and that those insurance benefits are extremely limited, we have created a comprehensive and customized membership program that will cover 100% of all of your preventive care in our practice: including cleanings, x-rays and exams. Members also receive valuable benefits (a 15% discount) on restorative care, like fillings, crowns and implants – and even cosmetic dentistry! In today’s economy, we know that paying out of pocket can be prohibitively expensive, so North Gwinnett Dental Care has created a way to ensure that our patients have the kind of dental benefits they want and need. So now you can take care of your smile – without breaking the bank. Ask us about our Dental Membership Wellness Plan and how it can help make dental care more affordable for you and your family. Call our office at **770-932-0992** and start saving on quality dental care today.

This plan involves **no deductibles, no claims processing, no maximums and no exclusions**

What you receive: Over a period of 12 months (starting at any day during the year)

Two comprehensive dental exams with your checkups

One full mouth set (18 x-rays) or 4 bitewing x-rays or 2 bitewing x-rays– depending on your age and the last time you had x-rays

Two dental cleanings for a healthy mouth (usually about six months apart) - a deep cleaning or scaling and root planning is different and will be charged at 85% of normal fee (with the 15% discount). Since periodontal patients are usually seen for checkups every 3 or 4 months– they will still get the two free cleanings per year, but will need to do the deep cleaning prior.

Fluoride at both checkup visits

Smile analysis for any restorative or cosmetic procedure you might need or want

Veloscope cancer screening test at both checkup visits

15% discount on all other dental treatment (**excluding braces, dermal fillers and botox**)

One extra exam/ set of x-rays (if necessary) for any emergency dental problem during the year

Membership Details

Single (one person)- \$40.00 per person, per month (\$727.00 value plus 15% discount on any other services)

Double (any two family members living at the same address)- \$70.00 per couple , per month (\$1454.00 value plus 15% discount on any other services)

Family (up to four family members living at same address) -\$ 99.00 per family per month (\$2908.00 value plus 15% discount on any other services)

Large family (up to seven family members living at same address)- \$160.00 per family per month (\$5089.00 value plus 15% discount on any other services)

Stipulations

One time fee of \$5.00 per person upon initiation— so we know exactly who is covered by the plan—Please fill out attached form

All payments for normal services (not checkups) will be discounted by 15% and must be paid at time of service

Membership cannot be combined with any other discount or insurance plan. Membership is only valid at North Gwinnett Dental Care.

It is the responsibility of members to maximize their benefits by scheduling the appropriate appointments within the 12 month membership period. You will receive emails, postcards and text messages to remind you when you are due.

Unused appointments and benefits will not be carried over to the following year.

North Gwinnett Wellness Membership Program

TERMS AND CONDITIONS (the “Agreement”) govern the Wellness Plan Membership as described herein by (“Dentist”) to you (“Patient”), and by enrolling in a Wellness Plan, you hereby agree to be bound by this Agreement.

Agreement

The parties agree : **THIS PLAN IS NOT DENTAL INSURANCE, IT IS A DISCOUNT PLAN OFFERED IN OUR OFFICE**

The Wellness Plan

Wellness Plans provide specific Dental Services as well as discounts on other dental services not included in the Wellness Plan. Membership in this Wellness Plan is made available by North Gwinnett Dental Care to Patients through the website and in the office.

Dentist Wellness Plan Fees

Patient shall pay monthly fees to North Gwinnett Dental Care for a Wellness Plan based on how many family members the wellness plan covers. The Fees shall be payable in equal monthly installments and will commence on the date of enrollment. Fees shall be billed each subsequent month on the same day as the enrollment day (date of billing shall be adjusted for days falling on non-business days). Patient will receive a monthly email detailing such payment.

Automatic Payments

Patient hereby authorizes regularly scheduled charges to his or her Visa, MasterCard, American Express, Discover card, or his or her checking account. Patient will be charged each billing period for the total amount due for that period. A receipt will be sent to Patient and the charge will appear on Patient’s credit card or bank statement. Patient agrees that no prior-notification will be provided if the total payment is no more than the fees described herein. Patient understands that this authorization will remain in effect until canceled in writing, and agrees to notify North Gwinnett Dental Care in writing of any changes in Patient’s account information or termination of this authorization at least five (5) days prior to the next billing date. Patient certifies that he or she is the authorized user of the designated credit card and will not dispute the scheduled payments with such credit card company provided the transactions correspond to the terms described herein.

Term and Termination

Subject to the termination rights described herein, this Agreement is for a term of one (1) year, commencing on the date first written above. This Agreement shall automatically renew for successive one (1) year periods thereafter. Either party may terminate this Agreement at any time upon five (5) days prior written notice to the other party. Dentist may terminate this Agreement immediately if Patient breaches any of his or her obligations under this Agreement. If Patient terminates this Agreement during the first twelve (12) months of the term hereunder, the patient is still required to make payments for 12 months. After the initial period of 12 months, the patient can terminate anytime before the first checkup after the 12 months has been completed. Regardless of any termination by patient, any payments made prior to termination are non refundable.

Obligations of Patient

Patient hereby agrees to perform the following as a member of the Wellness Plan being supplied by Dentist. Develop an understanding of the Wellness Plans being offered by North Gwinnett Dental Care through printed materials and the SugarHillDentist.com website.

Enroll in the Wellness Plan being offered by North Gwinnett Dental Care by setting up an account with e-mail and password and provide any additional information requested, including but not limited to name and birthdate (of all family members enrolled in plan) their address, telephone, cell phone, and fax numbers.

Pay the Fees to the Dentist as they become due.

Patient responsibilities

In the event that Patient fails to pay the Fees due under this Agreement, Patient shall be in default and Dentist will have the right to exercise all legal or equitable remedies available to the Dentist, including right to immediately terminate Patient's and Patient's family

Today's Date _____ (12 month membership will start on 1st day of 1st appointment for 1st family member)

Primary Member _____ Birthdate ____/____/____

Second Member Name _____ Birthdate ____/____/____

Third Member Name _____ Birthdate ____/____/____

Fourth Member Name _____ Birthdate ____/____/____

Fifth Member Name _____ Birthdate ____/____/____

Sixth Member Name _____ Birthdate ____/____/____

Seventh Member Name _____ Birthdate ____/____/____

Total family members covered by plan: _____ X \$5.00 per member enrollment fee = Total due today _____

Street Address _____

City _____, State _____, Zip _____

Cell phone _____ Evening Phone _____

Email Address _____

More email addresses can be listed if you want those family members to get their own email reminders and text message reminders for checkups

Monthly Fee that will be charged to credit cards or deducted from checking account

\$ _____

Signature of responsible party